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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

University of California

Weekly Bulletin



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GUY P. JONES
EDITOR

Infant Mortality

More than 5000 infants died in California last year and because of the large numbers of such deaths among infants in migratory laboring groups the infant mortality rate for the state rose from 53.0 in 1936 to 53.7 in 1937. Although the rate for the state as a whole was higher last year, in the larger centers of population, rates lower than those in 1936 prevailed. The most conspicuous increases are found in those counties where the migratory agricultural laboring population is concentrated. The comparative rates for the more densely populated counties, those within which the larger cities are located, are as follows:

	1937		1936	
	No.	Rate	No.	Rate
Los Angeles	1,520	42.5	1,457	45.5
San Francisco	265	32.2	303	41.6
Alameda	281	40.5	254	42.8
San Diego	155	37.1	168	43.2
Sacramento	118	46.6	129	58.1

The higher rates for the San Joaquin Valley, where large numbers of migrants are found, are indicated in the following data for certain of the interior counties of the state:

	1937		1936	
	No.	Rate	No.	Rate
Kern	274	108.6	170	86.3
Tulare	168	89.9	109	65.6
Fresno	264	91.3	189	73.5

	1937		1936	
	No.	Rate	No.	Rate
Kings	87	131.2	63	109.2
Stanislaus	68	53.3	45	40.2
San Joaquin	137	73.9	84	51.0
Merced	68	80.6	50	72.5

Reference to these tables shows that the number of infant deaths increased in all of these counties but the rates in some instances are lower than in 1937. This is due to the unprecedented increase in births that occurred in 1937. Approximately 10,000 more such events have been registered than in 1936. Since the infant mortality rate is based upon the number of infant deaths to the number of live registered births, it is obvious that counties registering fewer deaths achieved much lower infant mortality rates in 1937.

Imperial County has a large Mexican population which, at some seasons of the year, is migratory. The infant mortality rate in this county is always high among Mexicans. In 1936 the rate for that county was 120.6 and in 1937 it was 132.2, the number of infant deaths recorded being 160 for 1936 and 190 for 1937. In the state there were 1479 deaths of Mexican infants as compared with 1379 such deaths in 1936. The Mexican infant mortality rate for 1937 was 121.5 and in 1936 it was 113.4. There were 5060 infant deaths of all races in California last year and the Mexican infant deaths constituted 21 per

cent of the total. In 1936 there were 1379 Mexican infant deaths out of 4478 infant deaths of all races, 31 per cent of the total being Mexican.

The only races in California which showed low infant mortality rates in 1937 were the Chinese and the Filipinos but, since there were only 23 Chinese infant deaths and 35 Filipino infant deaths, there is little significance indicated. There were 542 Chinese births and 377 Filipino births registered in 1937.

The infant mortality rate for the white race was 42.2 in 1937 and 41.5 in 1936. These rates compare favorably with similar rates for the white race in other states.

There is significance in the fact that from 20 per cent to 30 per cent of all infant deaths that occur annually are among Mexican infants. Excluding Mexican infants and infants in the migratory white labor groups, the California rate would compare favorably with that for any commonwealth. It is impossible, however, to segregate the deaths in the migratory groups from those in the general population for the reason that the death certificates do not indicate the temporary residential status of the parents of migratory infants.

The attached tables provide data on infant mortality for all counties of California in 1936 and 1937, as well as infant mortality by races for the same years.

INFANT MORTALITY, 1937, 1936

By Counties

	1937		1936	
	No.	Rate	No.	Rate
Totals	5,060	53.7	4,478	53.0
Alameda	281	40.5	254	42.8
Alpine	---	---	---	---
Amador	7	97.2	1	15.1
Butte	34	48.2	34	55.8
Calaveras	8	125.0	2	33.3
Colusa	9	55.2	9	55.2
Contra Costa	45	40.9	42	44.7
Del Norte	3	42.2	3	56.6
El Dorado	4	28.6	5	33.1
Fresno	264	91.3	189	73.5
Glenn	6	38.0	5	37.9
Humboldt	38	54.1	36	52.3
Imperial	190	132.2	160	120.6
Inyo	13	122.6	5	56.8
Kern	274	108.6	170	86.3
Kings	87	131.2	63	109.2
Lake	8	95.2	5	59.5
Lassen	14	44.0	21	84.3
Los Angeles	1,520	42.5	1,457	45.5
Madera	50	103.3	41	127.3
Marin	9	25.3	8	26.3
Mariposa	---	---	4	125.0
Mendocino	27	75.0	28	85.4
Merced	68	80.6	50	72.5
Modoc	4	43.9	14	157.3
Mono	---	---	3	333.3
Monterey	71	68.4	56	59.8
Napa	7	23.7	10	34.8
Nevada	8	28.0	11	44.7

	1937		1936	
	No.	Rate	No.	Rate
Orange	136	66.3	112	57.0
Placer	19	64.2	15	58.6
Plumas	14	84.3	4	30.8
Riverside	145	81.9	142	86.2
Sacramento	118	46.6	129	58.1
San Benito	19	137.7	10	71.4
San Bernardino	187	70.2	199	76.1
San Diego	155	37.1	168	43.2
San Francisco	265	32.2	303	41.6
San Joaquin	137	73.9	84	51.0
San Luis Obispo	21	43.5	17	36.5
San Mateo	23	35.2	30	53.3
Santa Barbara	76	67.4	68	60.9
Santa Clara	159	66.7	94	44.5
Santa Cruz	34	58.7	28	51.3
Shasta	22	78.3	14	49.6
Sierra	---	---	1	38.5
Siskiyou	11	28.6	23	62.2
Solano	25	53.3	17	38.6
Sonoma	26	34.8	25	33.6
Stanislaus	68	53.3	45	40.2
Sutter	25	85.9	9	33.0
Tehama	7	26.2	9	42.2
Trinity	1	47.6	3	75.0
Tulare	168	89.9	109	65.6
Tuolumne	12	84.5	5	44.2
Ventura	103	87.9	90	79.9
Yolo	12	35.1	23	73.9
Yuba	23	93.5	16	76.2

INFANT MORTALITY, 1937, 1936

By Race

	1937		1936	
	No.	Rate	No.	Rate
Totals	5,060	53.7	4,478	53.0
White	3,276	42.2	2,834	41.5
Negro	103	67.1	67	51.3
Indian	69	158.2	59	137.5
Chinese	23	42.4	36	67.0
Japanese	58	40.4	52	35.9
Mexican	1,479	121.5	1,379	113.4
Filipino	35	92.8	27	143.6
Others	17	80.2	24	162.2

THE SANITARIAN

The National Association of Sanitarians has issued the first number of its official monthly publication, "The Sanitarian," dated June, 1938. Walter S. Mangold, Curricula in Public Health, Life Sciences Building, University of California, Berkeley, is editor-in-chief. The first issue contains an article by R. V. Stone, D.V.M., director of laboratories, Los Angeles County Health Department, entitled "An Experimental Series on the Contamination of Milk Caps and Milk Truck Sacks." There is also published an outline of the development of the National Association of Sanitarians and news of the recent activities of the association. A department of reviews and abstracts provides sanitarians with news of developments in the field of sanitation. The publication is of value to all individuals who may be engaged in professional activities in the development of general sanitation.

DEATH COMES TO DR. FORCE

Dr. John N. Force, chairman of the Department of Hygiene of the University of California, died June 21, 1938. He had been on the faculty of the university since 1910, and for many years was Professor of Epidemiology. It is believed that Dr. Force was the first occupant of a chair of epidemiology in any educational institution of the United States.

He had always displayed an active interest in smallpox and vaccination. Considerable research of value in alastrim and smallpox was undertaken by him, and his advanced work in the technic of vaccination did much to make the procedure a simple reaction in hosts of Californians who are living today. He was truly a pioneer in the development of proper technic in vaccination against smallpox.

Dr. Force was first of all an educator, and his generosity to associates and to students has always been an important factor in the development of new activities in the public health field of California. He never retained any bit of knowledge for his personal benefit. Whatever he gathered was always given freely for the benefit of his contemporaries. His work was always an inspiration to those who worked under him. He will be missed greatly by all co-workers in public health.

EXTENSION COURSE IN NUTRITION

Nina Simonds, research associate in dentistry, University of California, will conduct a university extension course in foods and nutrition during the coming autumn.

It will deal with the application of fundamental principles to everyday nutrition problems with emphasis on economical sources of dietary factors. Recent studies of vitamins will be reviewed with a brief discussion of the avitaminoses. Each student will make a dietary study on himself. Other lecture topics include: Fundamentals of Normal Nutrition; Foods Grouped According to Dietary Properties for example: protein rich foods, calcium rich foods, foods rich in vitamin C, etc., and Problems Associated with the Correction of Dietary Habits of Individuals.

The course has been planned for dentists, dental hygienists, physicians, public health nurses, social case workers, and others interested in modern developments of nutrition. For those with upper division standing or the equivalent one unit of credit will be allowed. Tentative date for the opening of the course is Wednesday, September 21, at 8 p.m., 540 Powell Street, San Francisco.

PUBLIC HEALTH NURSING CONFERENCES

A series of conferences on tuberculosis for public health nurses arranged by the State Department of Public Health has been successfully completed. Speakers were provided by the California Tuberculosis Association. At each of the afternoon sessions, the role of the public health nurse in the tuberculosis control program was presented by Miss Fannie Eshleman, Supervisor of Nurses, the Henry Phipps Institute, University of Pennsylvania, Philadelphia.

Medical aspects of tuberculosis were reviewed at the morning sessions by the following clinicians:

Dr. S. F. Farnsworth, San Francisco, California—San Jose.....May 31, 1938

Dr. S. F. Farnsworth, San Francisco, California—Santa Rose.....June 1, 1938

Dr. Harold Guyon Trimble, Oakland, California—Sacramento.....June 2, 1938

Dr. F. M. Pottenger, Monrovia, California—Bakersfield.....June 6, 1938

Dr. Harry E. Henderson, Santa Barbara, California—Santa Barbara.....June 7, 1938

Dr. E. W. Hayes, Monrovia, California—Santa Ana.....June 9, 1938

Dr. R. H. Sundberg, San Diego, California—San Diego.....June 10, 1938

Dr. Reginald H. Smart, Los Angeles, California—Los Angeles.....June 11, 1938

Dr. Wm. C. Voorsanger, San Francisco, California—San Francisco.....June 13, 1938

Local arrangements for these conferences were made by public nurses in the various communities. The total attendance was 675; of these, 516 were public health nurses, 100 other nurses, 27 doctors and 32 lay people.

EL DORADO COUNTY WILL CONTROL RODENTS

The board of supervisors of El Dorado County has appropriated funds to carry on rodent control activities during the present season. Funds will be expended by the county in cooperation with the State Department of Agriculture. Most of these activities will cover the eradication of ground squirrels.

By study man produced the stone tool, the bow and arrow, the numerals, and the alphabet. Likewise tillage, books, and all else by which he lifted himself out of savagery. Among his great works—poems, commerce, and government—each is a creation of the mind. The structures in which man resides, works, and escapes the pelting elements, the conveyances in which he travels, are but mental reflections that have taken tangible form.

MORBIDITY**Complete Reports for Following Diseases for Week Ending July 2, 1938****Chickenpox**

283 cases: Alameda County 2, Alameda 3, Berkeley 18, Oakland 25, Butte County 8, Contra Costa County 2, Richmond 1, Fresno County 3, Fresno 3, El Centro 1, Kern County 4, Kings County 1, Susanville 3, Los Angeles County 24, Alhambra 4, Compton 1, El Segundo 1, Glendale 6, Hermosa 1, Huntington Park 2, Inglewood 3, Long Beach 2, Los Angeles 23, Montebello 1, Pasadena 1, Redondo 1, San Marino 1, Santa Monica 6, Whittier 1, Torrance 2, Lynwood 1, South Gate 2, Monterey Park 1, Gardena 1, Madera County 2, Madera 23, Sausalito 6, Merced County 1, Newport Beach 4, Santa Ana 5, Seal Beach 2, La Habra 3, Riverside County 1, Banning 4, Riverside 2, Sacramento 3, Ontario 1, Coronado 1, San Diego 7, San Francisco 20, San Joaquin County 16, Stockton 3, Tracy 2, Burlingame 1, Daly City 1, San Mateo 3, Santa Barbara County 1, Santa Barbara 5, Santa Maria 1, Vallejo 2, Dinuba 1, Ventura County 1, Oxnard 2.

Diphtheria

19 cases: Oakland 2, Los Angeles County 1, Long Beach 1, Los Angeles 7, Sacramento County 1, San Bernardino County 2, Upland 1, San Luis Obispo County 1, Santa Barbara 1, Watsonville 1, Marysville 1.

German Measles

23 cases: Berkeley 2, Oakland 2, Los Angeles County 1, Long Beach 2, Los Angeles 5, Montebello 1, Torrance 1, Orange County 1, Newport Beach 1, Laguna Beach 1, San Diego County 2, San Francisco 3, San Joaquin County 1.

Influenza

73 cases: Oakland 1, Fresno County 1, Los Angeles County 2, Los Angeles 5, San Marino 1, Madera 59, Orange County 3, Santa Cruz 1.

Malaria

6 cases: Colusa 1, Imperial County 2, Los Angeles County 1, Tulare County 1, Yuba County 1.

Measles

606 cases: Berkeley 1, Oakland 13, Butte County 13, Colusa 1, Richmond 1, Fresno County 3, Fresno 1, Sanger 1, Imperial County 1, Brawley 3, Calxico 2, Kern County 9, Bakersfield 3, Kings County 3, Los Angeles County 27, Alhambra 1, Culver City 2, Glendale 9, Huntington Park 1, La Verne 1, Long Beach 12, Los Angeles 59, Pasadena 1, Pomona 1, Whittier 8, Monterey Park 1, Bell 5, Gardena 1, Madera County 22, Madera 64, Chowchilla 4, Merced County 1, Monterey County 1, Orange County 16, Anaheim 5, Fullerton 9, Newport Beach 8, Orange 15, Santa Ana 22, Laguna Beach 6, Placentia 4, Tustin 1, Riverside County 1, Beaumont 1, Riverside 2, Sacramento County 2, Sacramento 16, San Bernardino County 1, Redlands 9, San Bernardino 1, San Diego County 15, Coronado 7, La Mesa 4, National City 1, San Diego 92, San Francisco 4, San Joaquin County 8, Lodi 26, Stockton 3, San Luis Obispo County 8, Paso Robles 1, San Luis Obispo 3, San Mateo County 1, Santa Barbara County 6, Santa Barbara 4, Santa Maria 7, Santa Clara County 1, Sonoma County 2, Turlock 1, Tulare County 2, Ventura County 2, Oxnard 2, Ventura 4, Yolo County 3, Winters 3, Woodland 1.

Mumps

514 cases: Alameda County 1, Alameda 12, Berkeley 2, Oakland 24, San Leandro 6, Antioch 2, Walnut Creek 1, Fresno County 6, Fresno 1, Sanger 1, Kern County 2, Los Angeles County 12, Alhambra 1, Compton 1, Glendale 3, Long Beach 6, Los Angeles 14, Monrovia 3, Montebello 1, Pasadena 1, Pomona 3, San Fernando 2, Santa Monica 1, Torrance 1, Madera County 4, Madera 284, San Anselmo 7, Gustine 1, Orange County 9, Anaheim 3, Fullerton 1, Orange 4, Santa Ana 3, Tustin 6, Sacramento 25, San Bernardino County 1, Ontario 2, San Diego County 2, La Mesa 1, San Diego 10, San Francisco 25, San Joaquin County 1, Stockton 4, San Mateo County 1, San Mateo 1, Santa Barbara 2, San Jose 6, Vallejo 1, Sonoma County 1, Tehama County 1, Ventura County 1.

Pneumonia (Lobar)

53 cases: Oakland 5, Fresno 1, Kern County 1, Los Angeles County 7, Alhambra 1, Azusa 1, Compton 1, Culver City 1, Glendale 1, Inglewood 1, Los Angeles 14, Pasadena 1, Redondo 1, South Pasadena 1, Torrance 1, Monterey Park 1, Santa Ana 1, Corona 1, San Diego County 1, San Francisco 8, San Joaquin County 1, Santa Barbara 1, California 1.*

Scarlet Fever

104 cases: Alameda County 1, Alameda 1, Oakland 4, Contra Costa County 1, Walnut Creek 1, Fresno County 4, Sanger 1, Kern County 4, Bakersfield 1, Kings County 4, Susanville 1, Los Angeles County 8, Burbank 2, Compton 1, Glendale 1, Inglewood 1, Long Beach 2, Los Angeles 28, Montebello 1, Pasadena 1, Santa Monica 2, Lynwood 1, South Gate 2, Monterey Park 1, Gardena 1, Fort Bragg 1, Orange County 1, Anaheim 1, Brea 1,

Santa Ana 1, Beaumont 1, Riverside 2, San Bernardino County 1, San Bernardino 1, Upland 1, San Diego County 1, San Diego 4, San Francisco 2, Lodi 3, Watsonville 1, Sonoma County 2, Tulare County 4, Dinuba 1.

Smallpox

23 cases: Fresno County 7, Imperial County 1, Kern County 3, Los Angeles County 1, Merced County 2, Merced 1, San Joaquin County 3, Fairfield 2, Tulare County 2, Exeter 1.

Typhoid Fever

11 cases: Imperial County 4, Calxico 2, Kern County 1, Tulare County 4.

Whooping Cough

284 cases: Alameda County 10, Alameda 9, Berkeley 8, Livermore 3, Oakland 14, Fresno County 7, Fresno 1, Los Angeles County 15, Alhambra 4, Culver City 3, Glendale 1, Huntington Park 2, La Verne 1, Long Beach 2, Los Angeles 18, Pasadena 2, Santa Monica 1, Lynwood 3, South Gate 1, Madera 50, San Anselmo 7, Fullerton 4, Orange 1, Santa Ana 2, Corona 5, Riverside 2, Sacramento County 3, Sacramento 5, San Diego County 3, San Diego 18, San Francisco 26, San Joaquin County 3, Lodi 1, Stockton 4, San Luis Obispo County 1, San Mateo County 6, San Mateo 3, San Carlos 2, Menlo Park 5, Santa Barbara County 1, Santa Clara County 3, Palo Alto 4, San Jose 3, Santa Clara 2, Sonoma County 2, Tehama County 4, Red Bluff 1, Trinity County 2, Dinuba 1, Santa Paula 4, Yolo County 1.

Meningitis (Epidemic)

One case: San Bernardino County.

Dysentery (Amoebic)

3 cases: Oakland 1, Kern County 1, Compton 1.

Dysentery (Bacillary)

6 cases: Los Angeles 4, San Mateo County 2.

Poliomyelitis

2 cases: Humboldt County 1, Merced County 1.

Tetanus

One case: Pomona.

Trachoma

2 cases: Azusa 1, Santa Ana 1.

Trichinosis

One case: Riverside.

Food Poisoning

19 cases: Orange County 4, Isleton 8, San Francisco 7.

Undulant Fever

One case: Pomona.

Tularemia

2 cases: Kern County 1, California 1.*

Septic Sore Throat

6 cases: Oakland 2, Imperial County 3, Gilroy 1.

Rabies (Animal)

33 cases: Fresno County 1, Kern County 3, Bakersfield 1, Los Angeles County 10, Alhambra 1, Inglewood 1, Los Angeles 10, Monrovia 1, Pomona 1, South Gate 1, Ontario 1, Santa Clara County 1, San Jose 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

"Hygiene can prevent more crime than any law."
—Hugo Munsterberg.

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